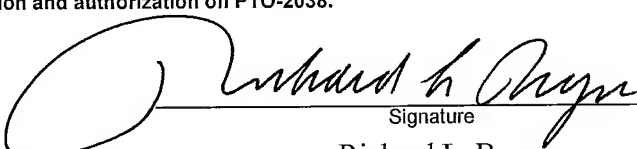


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 5312 - 053065							
I hereby certify that this correspondence is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>September 9, 2010</u> Signature <u>Christine P. Marney</u> Typed or printed name <u>Christine P. Marney</u>		In re Application of <u>Georg Duda</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number 10/553,519</td> <td style="width: 50%; padding: 2px;">Filed 4/16/2004</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For <u>Method for Simulating Musculoskeletal Strains on a Patient</u></td> </tr> <tr> <td style="padding: 2px;">Art Unit 3736</td> <td style="padding: 2px;">Examiner Sean P. Dougherty</td> </tr> </table>		Application Number 10/553,519	Filed 4/16/2004	For <u>Method for Simulating Musculoskeletal Strains on a Patient</u>		Art Unit 3736	Examiner Sean P. Dougherty
Application Number 10/553,519	Filed 4/16/2004								
For <u>Method for Simulating Musculoskeletal Strains on a Patient</u>									
Art Unit 3736	Examiner Sean P. Dougherty								
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.									
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>540.00</u>							
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ <u>270.00</u>							
<input type="checkbox"/> A check in the amount of the fee is enclosed.									
<input checked="" type="checkbox"/> Payment by credit card.									
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>23-0650</u> . I have enclosed a duplicate copy of this sheet.									
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
I am the									
<input type="checkbox"/> applicant/inventor.		 Signature							
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<u>Richard L. Byrne</u> Typed or printed name							
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>28,498</u>		<u>412-471-8815</u> Telephone number							
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		<u>September 9, 2010</u> Date							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.									